



FAIRFAX COUNTY VIRGINIA

COUNTY OF FAIRFAX RELEASE FORM

I hereby irrevocably give to the County of Fairfax, Virginia ("County"), the interview(s) between _____ and _____ recorded on _____ ("the Recording"), the transcript of the Recording ("Transcript"), and the memorabilia ("Memorabilia") and/or the photographs ("Photos") provided to and/or taken by the County in association with the Recording, as an unrestricted gift, and hereby transfer to the County all legal title and property rights to such Recording, Transcript, Photos, and/or Memorabilia, including without limitation copyright and the right to publish. This gift does not preclude any uses that I may want to make of copies of the Recording, Transcript, Photos, and/or Memorabilia (or the originals of the Photos or Memorabilia if I provided copies thereof to the County), as long as such uses are not inconsistent with the County's right to use the Recording, Transcript, Photos, and/or Memorabilia.

I give my permission to the County to use the Recording, Transcript, Photos, and/or Memorabilia for any lawful purpose, including without limitation programming, institutional information purposes, non-profit endeavors, educational, research, historical, or genealogical reports, County government magazines, newsletters, and/or other publications. I further give my permission to the County to use the Recording, Transcript, Photos, and/or Memorabilia in the Virginia Room of the Fairfax County Public Library or in other locations selected by the County. I acknowledge and agree that the Recording may be edited and used in whole or in part as desired by the County for audio and video programming or for any other lawful purpose. I acknowledge that the videotapes, images, and audio recordings comprising the Recording, as well as the Transcript, Photos, and/or Memorabilia, and/or copies thereof, hereby become the property of the County of Fairfax, Virginia, without compensation to me. I also understand that copies of the Recording, Transcript, Photos, and/or Memorabilia may be subject to release pursuant to the Virginia Freedom of Information Act.

Signed: _____

Print Name: _____

Date: _____

Address: _____

Signature of parent or guardian (if person in program is under 18 years old):

Signed: _____

Print Name: _____

Relationship: _____